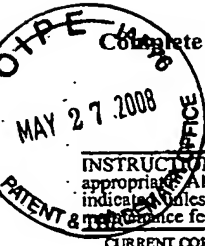


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
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 or **Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for correspondence fee notifications.

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7590

03/05/2008

Dwight Eric Kinzer  
 413 29th Ave., N  
 Fargo, ND 58102-1508

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Dwight Eric Kinzer (Depositor's name)  
[Signature] (Signature)  
27 May 2008 (Date)

05/27/2008 CCHAU2 00000030 10765028

01 FC:2501 720.00 OP  
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,028	01/26/2004	Dwight Eric Kinzer	KINZ-11521	1317

TITLE OF INVENTION: MODULAR LOAD-BEARING STRUCTURAL COLUMN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	06/05/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
A, PHI DIEU TRAN	3633	052-730100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents; If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Dwight Eric Kinzer  
 Typed or printed name Dwight Eric Kinzer

Date

27 May 2008

Registration No. \_\_\_\_\_

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**FAX COVER SHEET****Date:** 5/27/08**To:** Issue Fee  
United States Patent & Trademark Office  
Phone: 703-305-8283  
Fax: 571-273-2885**From:** Dwight E. Kinzer  
413 29th Ave N, Fargo, ND, 58102-1508  
Phone: 701-356-0754  
Fax: 701-356-0754  
E-Mail: process@fmtc.com**Pages:** 4 including this cover sheet

Included with this fax cover sheet for Application 10/765,028 are the following:

Transmittal Form PTO/SB/21 (09-04)

Part B - Fee(s) Transmittal PTOL-85 (Rev. 08/07)

Credit Card Payment Form PTO-2038 (12-2005) in the amount of \$1,020.00  
\$720.00 Issue Fee & \$300 Publication Fee

This fax is sent on 27 May 2008.

A handwritten signature in black ink, appearing to read "Dwight Eric Kinzer".

Dwight Eric Kinzer



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

10/765,028

Filing Date

01/26/2004

First Named Inventor

Dwight Eric Kinzer

Art Unit

3633

Examiner Name

A. PHI DIEU TRAN

Attorney Docket Number

KINZ-11521

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b> - 1 Sheet, Fax Cover Sheet - 1 Sheet, Transmittal Form PTO/SB/21 (09-04) - 1 Sheet, Part B - Fee(s) Transmittal PTOL-85 (Rev. 08/07) signed on 27 May 2008 - 1 Sheet, Credit Card Payment Form in Amount of \$1,020.00 signed on 27 May 2008	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature			
Printed name	Dwight Eric Kinzer		
Date	27 May 2008	Reg. No.	

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Signature			
Typed or printed name	Dwight Eric Kinzer	Date	27 May 2008

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